

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Div of Environmental Health, 11 SHS  
(207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	LAMOINE	Town/City	LAMOINE
Street or Road	Shore Rd 1039	Permit #	1716
Subdivision, Lot #		Date Permit Issued	10/8/13
		Fee: \$	100.00
		Double Fee Charged [ ]	
		Local Plumbing Inspector Signature	L.P.I. # 1040
		Owner	Town
OWNER/APPLICANT INFORMATION		<p>The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.</p> <p>Municipal Tax Map # 3 Lot # 22</p>	
Name (last, first, MI)			
Fowler Jay			
Owner/Applicant			
Mailing Address of	216 Partridge Cove Rd		
Owner/Applicant	LAMOINE ME 04605		
Daytime Tel. #			
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
<p>I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.</p> <p>Signature of Owner or Applicant _____ Date _____</p>		<p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.</p> <p>Local Plumbing Inspector Signature _____ (1st) date approved 10/8/13</p> <p>_____ (2nd) date approved</p>	
PERMIT INFORMATION			
<b>TYPE OF APPLICATION</b> 1. First Time System 2. Replacement System Type replaced: _____ Year installed: _____ 3. Expanded System a. <25% Expansion b. >25% Expansion 4. Experimental System 5. Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> 1. No Rule Variance 2. First Time System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval 3. Replacement System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval 4. Minimum Lot Size Variance 5. Seasonal Conversion Permit	<b>DISPOSAL SYSTEM COMPONENTS</b> 1. Complete Non-engineered System 2. Primitive System (graywater & alt. toilet) 3. Alternative Toilet, specify _____ 4. Non-engineered Treatment Tank (only) 5. Holding Tank, _____ gallons 6. Non-engineered Disposal Field (only) 7. Separated Laundry System 8. Complete Engineered System (2000 gpd or more) 9. Engineered Treatment Tank (only) 10. Engineered Disposal Field (only) 11. Pre-treatment, specify: _____ 12. Miscellaneous Components _____	
<b>SIZE OF PROPERTY</b> SQ. FT. _____ ACRES _____	<b>DISPOSAL SYSTEM TO SERVE</b> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ 2. Multiple Family Dwelling, No. of Units: _____ 3. Other: _____ (specify) Current Use Seasonal Year Round Undeveloped		
<b>SHORELAND ZONING</b> Yes No	<b>TYPE OF WATER SUPPLY</b> 1. Drilled Well 2. Dug Well 3. Private 4. Public 5. Other		
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> 1. Concrete a. Regular b. Low Profile 2. Plastic 3. Other: _____ CAPACITY: 1000 GAL.	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> 1. Stone Bed 2. Stone Trench 3. Proprietary Device a. cluster array c. Linear b. regular load d. H-20 load 4. Other: _____ SIZE: _____ sq. ft. lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> 1. No 2. Yes 3. Maybe If Yes or Maybe, specify one below: a. multi-compartment tank b. _____ tanks in series c. increase in tank capacity d. Filter on Tank Outlet	<b>DESIGN FLOW</b> _____ gallons per day BASED ON: 1. Table 4A (dwelling unit(s)) 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION _____ at Observation Hole # _____ Depth _____" of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> 1. Medium---2.6 sq. ft. / gpd 2. Medium---Large 3.3 sq. ft. / gpd 3. Large---4.1 sq. ft. / gpd 4. Extra Large---5.0 sq. ft. / gpd	<b>EFFLUENT/EJECTOR PUMP</b> 1. Not Required 2. May Be Required 3. Required Specify only for engineered systems: DOSE: _____ gallons	3. Section 4G (meter readings) ATTACH WATER METER DATA
<b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. _____ d _____ m _____ s Lon. _____ d _____ m _____ s if g.p.s, state margin of error: _____			
SITE EVALUATOR STATEMENT			
I certify that on _____ (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).			
Site Evaluator Signature		SE #	Date
Site Evaluator Name Printed		Telephone Number	E-mail Address

Note : Changes to or deviations from the design should be confirmed with the Site Evaluator.